



CIGARETTE & TOBACCO LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

LICENSE PERIOD:

One year from date of issuance; Annually

APPLICATION:

Complete and return application to City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202, telephone (414) 286-2238.

FEE:

The \$100.00 license fee **must be submitted with application**. Checks should be made payable to the City of Milwaukee.

SIGNATURES:

Signatures of the individual, all partners, the agent of the corporation, limited liability company, or limited partnership are required.

REQUIREMENTS:

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occert.pdf>.

A State Seller's Tax Number must be obtained from the State of Wisconsin, 819 N. 6th St, Room 408, (414) 227-4444, <http://www.dor.state.wi.us/>

REGULATIONS:

The owner or operator of a premises licensed to sell cigarettes or tobacco products shall post a sign in the immediate area where those products are sold, stating that the sale of any cigarettes or tobacco products to a person under the age of 18 is unlawful under 106-23-3-a and ss. 134.66 and 254.92, Wis. Stats.

Any person who sells cigarettes from a vending machine shall place a decal, furnished by the city, in a conspicuous place, which states it is unlawful for persons under the age of 18 to purchase cigarettes.

DEFINITIONS:

Cigarette: any roll of tobacco in paper or any substance other than tobacco.

Tobacco products: cigars; cheroots; stories; perique; granulated, plug cut, crimp cut, ready-rubbed and other smoking tobacco; snuff; snuff flour; cavendish; plug and twist tobacco; fine-cut and other chewing tobaccos; shorts; refuse scraps; clipping; cuttings and sweepings of tobacco and other kinds and forms of tobacco prepared in such a manner as to be suitable for chewing or smoking in a pipe or otherwise, or both for chewing or smoking.

ORDINANCES GOVERNING CIGARETTES AND TOBACCO LICENSES ARE LOCATED IN SECTIONS 84-43 & 106-30 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE <http://www.milwaukee.gov/ordinances> or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



City of Milwaukee

CIGARETTE & TOBACCO LICENSE APPLICATION

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(414) 286-2238

E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

ccl-115 (2/06)

\$100.00 License Fee must accompany this application; make check payable to the City of Milwaukee.

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, C, & D)
☐ Corporation, LLC, or LP (Fill out Section A, B, C, & D)

A	INDIVIDUAL OR PARTNERSHIP OR AGENT OF CORPORATION, LLC, OR LP:	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
B	Full Name of Corporation or Limited Liability Company:	
C	Business Name:	Business Phone Number: () -
	Business Address (include City, State, Zip Code):	Area (Location) in building where cigarettes/tobacco sold:
	Mailing Address (if different from above address):	
	Type of Business: (Example Food Store, Service Station, etc.):	
	Product Disbursement: (Check all that apply) Do you sell cigarettes/tobacco products - <input type="checkbox"/> Over the counter <input type="checkbox"/> or thru a Vending Machine?	
D	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and that all statements made in the foregoing application are true and correct.</p> <p>_____/_____ Signature of Individual/Partners/Agent of the Corporation, LLC or LP</p>	

Office Use Only:

Initials:_____ Filed:_____ AD: _____ License #:_____ Issued:_____